



APPLICATION FOR EMPLOYMENT OR EXAMINATION
CITY OF KINGSTON
MUNICIPAL CIVIL SERVICE COMMISSION
CITY HALL - 420 BROADWAY, KINGSTON, NEW YORK 12401
www.kingston-ny.gov
(845) 334-3921

Civil Service Office Use Only	
Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	
Exam Fee Amount Paid:	
Cash <input type="checkbox"/> MO <input type="checkbox"/> Check <input type="checkbox"/> # _____	
Date Received	

Position Title	Exam #
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This application is part of your examination. Answer all questions fully and carefully. Type or print in ink.
 Attach additional sheets if necessary in order to give complete and detailed information.

1. Last Name, First Name, MI _____

Street Address _____

City _____ State _____ Zip Code _____

Phone () _____ Phone () _____

Home _____ Work/Cell _____

2. Social Security Number _____

3. Are you under 18 years of age? Yes No

If yes, or if minimum and/or maximum age limits are established for the position applied for enter your date of birth below

Note: Police Officer Candidates are required to complete this section:

Mo _____ Day _____ Year _____

4. Special Arrangements:
 If you need special arrangements because you are a Religious Observer or Military Member and cannot be tested on date of examination (s) or disabled and require special arrangements in order to participate in the examination (s), you must **either** Check the appropriate box and indicate the special arrangements you require in the REMARKS section on page 3 **OR** Write to the agency no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required.

Religious Observer Disabled Military Member

5. State your actual permanent legal residence and indicate how long you have resided there continually, up to and including the date of this application.

Name	# of Years	# of Months
School District		
City/Town/Village		
County		
State		

6. Check appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No

B. Did you ever resign from any employment rather than face dismissal? Yes No

C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? Yes No

D. Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

E. Are you now under charges for any crime? Yes No

If you answered "Yes " to any questions in #6, A-E above, you may give specifics under "Remarks" on page 3 of this application. If you elect not to provide specifics or if such explanation is insufficient, you may be required to submit further information.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

7. I am a United States Citizen or an alien lawfully admitted for permanent residence. Yes No

8. I am a New York State Resident Yes No

9. **DO NOT COMPLETE THIS SECTION UNLESS YOU:** Wish to claim War Time Veterans Credits, AND have NOT used Veterans Credits for appointment to a position in NY State or Local Government employment since January 1, 1951.

A. I received or expect to receive a discharge which was honorable or I was released under honorable circumstances from the Armed Forces of the United States. Yes No

B. I served on an active duty basis other than active duty for training purposes during one or more of the following Time of War Periods (indicated at right): Yes No

To claim additional credits as a disabled Veteran, you must also answer "YES" to this question:

C. I am receiving, from the U.S. Dept. of Veterans Affairs, a service connected disability rates at 10% or more incurred during a "Time of War" period listed above. Yes No

In the Armed Forces:
 Aug. 2, 1990 to the date when the Persian Gulf Hostilities end;
 Feb. 28, 1961 to May 7, 1975;
 June 27, 1950 to Jan. 31, 1955;
 Dec. 7, 1941 to Dec. 31, 1946

Or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:
 (Panama) Dec. 20, 1989 to Jan. 31, 1990
 (Lebanon) June 1, 1983 to Dec. 1, 1987
 (Grenada) Oct. 23, 1983 to Nov. 21, 1983

Or in the U.S. Public Health Service:
 June 26, 1950 to July 3, 1952;
 July 29, 1945 to Dec. 31, 1946.

EDUCATION: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required by announcement.

Have you graduated from high school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Name and location of High School.	Year Graduated
If you have a high school equivalency diploma, indicate the Issuing Government Authority:		

	Name and location of School (City & State)	Dates of Attendance		Number of Years Credited	Type of Course or Major Subject	College Credits Rec'd	Type of Degree Rec'd	Date Degree Rec'd/ Expt'd
		(Month & Year)						
		From	To					
College, University, Professional or Technical School								
Other Schools or Special Courses								

Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following question: If not currently licensed check this box.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date License First Issued	Registered From: (Mo/Yr)	To: (Mo/Yr)

If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes No

DESCRIBE YOUR EXPERIENCE: Beginning with your most recent, list all employment, military service or volunteer experience that shows you meet the minimum qualifications for examination(s). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do not send your resume. Under "Duties" describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.

Length of Employment	Firm Name	Address	City, State
From: Mo/Yr	To: Mo/Yr		
Earnings \$	(Circle One) Type of Business	Your Exact Title	Supervisor's Name & Title
	wk/mo/yr.		

Duties: _____

Length of Employment	Firm Name	Address	City, State
From: Mo/Yr	To: Mo/Yr		
Earnings \$	(Circle One) Type of Business	Your Exact Title	Supervisor's Name & Title
	wk/mo/yr.		

Duties: _____

Instructions and Information

Announcement of Examination

Before filling out your application, read carefully the announcement for this examination. When completing your application be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

Admission to Examination

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet the announced requirements. Depending on the time available before the examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will not be notified of their score.

Change of Address

Contact the Civil Service Office to obtain a Change of Address form or visit www.kingston-ny.gov and print out a change of address form. Completely fill out the Change of Address form and mail to the Civil Service Office 420 Broadway, Kingston, NY 12401. Be sure to include the exam title and number.

Veterans Credits

If you are making a claim for veterans credits with this application be sure you read the following information very carefully:

- Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans credits, you must answer all questions in section 9. Failure to do so, accurately and completely, may result in a denial of your claim.

- If you are claiming credits as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions in section 10, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at (10) percent or more, incurred during a "Time of War" as indicated in question 9B.

- Persons claiming credits as disabled war veterans will be contacted by this agency for additional information as necessary. All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

Personal Privacy Protection Law Notification

The information which you are providing on this application is being requested pursuant to section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions 8, (e) and 9 (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Civil Service Commission.

City of Kingston is an Equal Opportunity-Affirmative Action Employer

It is the policy of the Civil Service Commission to provide accommodation in testing to individuals with disabilities and religious observers and to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, disability or marital status.

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

THIS AFFIRMATION MUST BE COMPLETED

I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and /or lead to revocation of my appointment.

Signature of Applicant

Date

Indicate any other name (Last Name) by which you are or have been known. _____

Please Print